

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215502597				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Great Divide Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: ND</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 2/28/2015</p> <p>SCC ID NO: F1699281</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>6,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	6,000,000
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COMMON	6,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 7233 E BUTHERUS DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: SCOTTSDALE, AZ 85260</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS KUZMA TITLE: PRESIDENT ADDRESS: 7233 EAST BUTHERUS DR CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85260 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS KUZMA TITLE: PRESIDENT ADDRESS: 7233 EAST BUTHERUS DR CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: RAYMOND J HALL TITLE: VICE PRESIDENT ADDRESS: 7233 E BUTHERUS DR CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	MIKLOS F KALLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	KIMBERLY R LEVENSKY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	BRADLEY A LONTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	WENDY L MARKHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	BONNIE R MCKRILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	VERONICA L MONTEILH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	DEBORAH J SAVOIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	MINDY M SHEBLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	JOSEPH G SHORES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2850 W. GOLF RD, STE 800		
CITY/ST/ZIP/CO:	ROLLING MEADOWS, IL 60008		
NAME:	MONICA R SPIVEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	KATHERINE M SUHM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7233 E BUTHERUS DR		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		

NAME:	CRAIG N WILLIAMS	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	VICE PRESIDENT				
ADDRESS:	7233 E BUTHERUS DR				
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260				
NAME:	STEVEN ZEITMAN	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	VICE PRESIDENT				
ADDRESS:	THREE RAVINIA DR STE 500				
CITY/ST/ZIP/CO:	ATLANTA, GA 30346-2145				
NAME:	PATRICIA LONDON	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	ASST TREASURER				
ADDRESS:	3 RAVINIA DR, SUITE 500				
CITY/ST/ZIP/CO:	ATLANTA, GA 30346				
NAME:	JANET L SHEMANSKE	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	SECRETARY				
ADDRESS:	7233 E BUTHERUS DR				
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260				
NAME:	EUGENE BALLARD	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	475 STEAMBOAT RD				
CITY/ST/ZIP/CO:	GREENWICH, CT 06830				
NAME:	W ROBERT BERKLEY JR	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	475 STEAMBOAT ROAD				
CITY/ST/ZIP/CO:	GREENWICH, CT 06830				
NAME:	JAMES S CAREY	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	1255 CALDWELL ROAD				
CITY/ST/ZIP/CO:	CHERRY HILL, NJ 08034				
NAME:	ROBERT C HEWITT	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	475 STEAMBOAT ROAD				
CITY/ST/ZIP/CO:	GREENWICH, CT 06830				
NAME:	IRA LEDERMAN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	475 STEAMBOAT RD				
CITY/ST/ZIP/CO:	GREENWICH, CT 06830				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ JANET L SHEMANSKE	JANET L SHEMANSKE,			1/15/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY			DATE	
	PRINTED NAME AND CORPORATE TITLE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					